

☐ NEW☐ AMENDED

NATIONAL CREDIT UNION ADMINISTRATION
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER PAYMENTS

The undersigned hereby authorizes the National Credit Union Administration, (herein called "NCUA"), to initiate electronic funds transfer (EFT) payments via automated clearing house (ACH) to the account at the Credit Union or other entity designated below, in accordance with the Debt Collection Improvement Act of 1996 (Public Law 104-134).

(Please Print or Type Legible)

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____ PHONE NO. _____

NINE-DIGIT ROUTING TRANSIT NUMBER OF DEPOSITORY

INSTITUTION ABOVE _____ - _____ - _____

ACCOUNT NUMBER TO BE CREDITED (**required**) _____

PLEASE CHECK ONE OF THE FOLLOWING:

☐ This is an account on-line to receive ACH payments.

☐ This is an account held with a Correspondent Financial Institution.

Although the legislation does not address payments to federal agencies, NCUA requests authorization to debit the account identified above for the purposes of electronically collecting insurance assessments and, if applicable, operating fees. Please check the following box if your credit union desires to use an electronic method of payment to NCUA (debits are strictly voluntary and not a requirement under the Debt Collection Improvement Act).

☐ NCUA is authorized to debit the account identified above for the purposes of collecting insurance assessments and operating fees (if applicable).

This authorization remains in full force and effect unless and until amended or terminated by 30 days prior written notification to the other party by NCUA or the undersigned.

The undersigned agrees to notify NCUA by written notification of a change of the above designated Routing Transit Number or Account Number at least 30 days prior to the next established payment date.

NAME OF AUTHORIZED

REPRESENTATIVE _____ TITLE _____

Please Print

Please Print

SIGNED _____ DATE _____

NCUA CHARTER NUMBER (FCU) OR INSURANCE CERTIFICATE (FISCU) _____

CREDIT UNION NAME _____ STATE _____

NINE DIGIT TAXPAYER IDENTIFICATION NUMBER (TIN) (**required**) _____ - _____ - _____

CONTACT PERSON _____ PHONE NO. _____

Please Print

Please complete and return to:
National Credit Union Administration
Office of the Chief Financial Officer
1775 Duke Street
Alexandria, VA 22314-3428

Fax: 703-837-2811

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